

Application Details

Application Status	Approved
Application Id	BLA-0000007362
DBA Name of Facility/Agency	George Washington Health & Rehabilitation
Facility Type	Nursing Home
Application Type	Renewal License
Approved Date	12/23/2025
Effective Date	1/1/2026
Expiration Date	12/31/2026

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the number of licensed beds changed?
- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Alexandria SNF Operations LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	George Washington Health & Rehabilitation		
Facility/Agency Physical Address	1510 Collingwood Road		
Street	1510 Collingwood Road		
City/Town	Alexandria	County/Independent City	Fairfax County
State	Virginia	Zip Code	22308
Telephone Number	7037182913	Fax Number	7037653131

Mailing Address

Mailing Address	1510 Collingwood Rd, Alexandria, VA 22308, USA		
Street	1510 Collingwood Road		
City/Town	Alexandria	County/Independent City	Fairfax County
State	VA	Zip Code	22308

Facility/Agency Email Address : khaywood@georgewashingtonhrc.com

Federal Employer Identification Number (FEIN) : 92-1216593

Current License Number : NH-0002805

Ownership Information

Legal Name of Owner : Alexandria SNF Operations LLC

Physical Address : 1510 Collingwood Rd, Alexandria, VA 22308, USA
Street : 1510 Collingwood Road
City/Town : Alexandria
County/Independent City : Fairfax County
State : VA
Zip Code : 22308

Mailing Address : 1510 Collingwood Rd, Alexandria, VA 22308, USA
Street : 1510 Collingwood Road
City/Town : Alexandria
County/Independent City : Fairfax County
State : VA
Zip Code : 22308

Email Address : khaywood@georgewashingtonhrc.com
Telephone Number : 7037182913
Fax Number :

Federal Employer Identification Number (FEIN) : 92-1216593

Chief Administrative Officer

Full Name : Shimon Idels

Mailing Address : 1007 Broadway, Woodmere, NY 11598, USA
Street : 1007 Broadway
City/Town : Woodmere
County/Independent City : Nassau County
State : NY
Zip Code : 11598

Phone Number : 5168555504
Email Address : shimmy@hillvalleyhc.com

Additional Ownership Information

Names of any individual or entities having a financial interest of 5% or more

Full Name	Ownership Percentage (%)
VA Pro 7 SNF Operations Holdings LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator :

Physical Address : 1510 Collingwood Rd, Alexandria, VA 22308, USA
Street : 1510 Collingwood Road
City/Town : Alexandria
County/Independent City : Fairfax County
State : VA
Zip Code : 22308

Mailing Address : 1510 Collingwood Rd, Alexandria, VA 22308, USA
Street : 1510 Collingwood Road
City/Town : Alexandria
County/Independent City : Fairfax County
State : VA
Zip Code : 22308

Phone Number : 7037182913
Email Address : khaywood@georgewashingtonhrc.com

Federal Employer Identification Number (FEIN) : 92-1216593

Nursing Home Information

Total Number of Licensed Beds?	96
Medicare/Medicaid Certified?	Yes
Provider Number	
Number of Beds Certified for Medicare Only (Title 18)	22
Number of Beds Certified for Medicare/Medicaid (Title 18/19)	74
Number of Beds Certified for Medicaid Only (Title 19)	0
Number of Non-certified beds (Exclude Adult Residential Beds)	0
Total Bed Capacity (Specify Bed Types excluding Day Care)	96

Does the facility have one or more specialized unit? If yes, for each unit specify the types of specialized unit and number of beds (i.e. secured unit, ventilator unit, etc.) : No

Unit Information

Types of unit	Please specify other type of unit	Number of Beds
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Nursing Home Information - Program and Staff

Does the facility have a Nurse Aide training program on the premises? : No

If yes, is it a certified Nursing Assistant Program approved by the Board of Nursing? :

Full Name of Administrator : Kevin Haywood
Email Address : khaywood@georgewashingtonhrc.com

Full Name of Assistant Administrator (if applicable) :
Email Address :

Full Name of Director of Nursing Service : Harriet Wanrin
Email Address : hwanrin@georgewashingtonhrc.com

Full Name of Assistant Director of Nursing Service (if applicable) : Hamsun Fanord
Email Address : hfanord@georgewashingtonhrc.com

Full Name of Medical Director : Amr Behiri
Email Address : abehiri@vaim.us

Nursing Home Information - License and Facilities

Does the facility have an affiliated Assisted Living Facility? : No

Assisted Living Facility Name :

Number of Assisted Living Facility Beds :

Is the facility part of a CCRC? : No

How many beds are in the CCRC? :

How many are NON Nursing Home Beds? :

Nursing Home Information - Small Business Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? : Yes

Does the facility/agency have fewer than 500 employees? : Yes

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Kevin Haywood, Administrator

Date : 12/15/2025